2001 UNIFORM BUS	INESS REPU	KI (UBK)	_	•		
1. Entity Name	0006680		F	ILED		
WALT JENNIER CHEVROLET-OLDS	SMOBILE, L.C.		1			
1		(JUL (. 30 AM 8: 47		
Principal Place of Business	Mailing Address					
601 U.S. HWY. 27 NORTH 601 U.S. HWY. 27 NORTH		ı j	VITAHA	ARY OF STATE * ISSEE, FLORIDA		
AVON PARK FL 33825	AVON PARK FL 33825	•	7	SSEE, FLUKIDA		
				2 (00)(01) 020 (0)(0 (0)() 00() 00() 00()	Ann arna anna èna	1 (31(1) 0.00 (3.00)
2. Principal Place of Business	3. Mailing Address					
t t				£ 18851815 BER 18318 18111 ADII4 RUII ANII1 ANII	7141 BB410 B111B B110	1 (8) II 8815 1981
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN TH	iS SPACE	
City & State	City & State		4. FEI 1	Number 59-3600330	Ar	pplied For
Zip Country	Zip	Country	-			ot Applicable
Zip Country	Ζιρ	Country	5. Certi	ficate of Status Desired	\$5.00 Add Fee Require	
6. Name and Address of Current	Registered Agent	 	7. Nam	e and Address of New Registers	d Agent	
IENINIED MAI TED		Name LA	_T JE	NNIER		
Jennier, Walter 2074 Ackola Point	Street Address	(P.O. Box f	iumber is Not Acceptable)			
LONGWOOD FL 32779	\sim	3020	C	S LAKE DR		
:	<i>i</i> ()	City	LKEW		Zip Cod	
· · · · · · · · · · · · · · · · · · ·	<u>'-{-/</u>	LAKE	LAND		Zip Cod	813
8. The above named entity submits this statement in	or the purpose of changing its r	registered office or registe	ered agent,	or both, in the State of Florida.		
SIGNATURE		WALT JEHNIE	e_	7/25/2001		
Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	: Registered Agent signature require	ed when reinstat			
	1 1	W!!! FEE IS \$50.00		100004513 -08/03/01-	3 461 -	5
:		yable to Department o September 26, 2001	or State	*****50.00		
9. MANAGING MEMBI		10.		ADDITIONS/CHANG		
TITLE MGRM	Delete	TITLE		ABBITIONO, OF PAIG	☐ Change	☐ Addition
NAME JENNIER, WALTER		NAME				
STREET ADDRESS 2074 ACKOLA POINT LONGWOOD FL 32779		STREET ADDRESS CITY-ST-ZIP				
TITLE LONGWOOD FL 32/79	□ Delete	TITLE			☐ Change	☐ Addition
NAME	La bolisto	NAME		•	onango	
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP	Пъи	CITY-ST-ZIP			☐ Change	- Addition
NAME	Delete	NAMÉ		യ ്ടെ സൗസ്ഥ കുറയും ത്രേക്ക് ക	Change	Addition
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME?	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP	· ·	CITY-ST-ZIP				
TITLE	☐ Delete	TITLE NAME			Change	☐ Addition
STREET, ODDRESS		STREET ADDRESS				
CITY-ST3ZIP		CITY-ST-ZIP				
TIFLE	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP	\sim	CITY-ST-ZIP				İ
I hereby certify that the information supplied with indicated on this report is true and accurate accurate and accurate and accurate and accurate and accurate and accurate and accurate accurate and accurate accurate and accurate and accurate and accurate and accurate and accurate and accurate accurate and accurate and accurate accurate and accurate and accurate accurate and accurate accurate accurate and accurate accur	this fij ho does not qualify for	the exemption stated in Se	ection 119.0	07(3)(i), Florida Statutes/ I further o	ertify that the ir	formation
indicated on this report is true and accurate and limited liability company or the receiver or truste	that rfly signature shall have the employered to execute this re	ne same legal effect as if : eport as required by Char	made unde oter 608, Flo	r oath; that I am a managing mem orida Statutes.	iber or manage	r of the
		~ = 100 · 1	_	105/2001		
SIGNATURE:	ALTINE WAY	LIALT JO	ENNER	7 25 2001		
SIGNATURE AND TYPED OR PRINTED NAME O	if signi n g J ianaging Mémber, Mana	AGER, OR AUTHORIZED REPRES	ENTATIVE	Date/	Daytime Phone #	ľ